

SENATE NO. 682

AN ACT PROVIDING FOR A COMMONWEALTH CARE MEDICAL HOME DEMONSTRATION

*Be it enacted by the Senate and House of Representatives in General Court assembled,
And by the authority of the same, as follows:*

- 1 SECTION 1. Chapter 118H of the general laws as inserted by chapter 58 of the acts of 2006, is
2 hereby amended in section 1, by inserting after the definition for “fund,” the following new
3 definition: -
4 “medical home,” as used in this chapter, means a primary care practice that utilizes a
5 comprehensive approach to providing patient-centered care that is accessible, continuous, and
6 coordinated so that the relationship between the provider and patient is directed at maintaining a
7 healthy lifestyle with preventive and ongoing health services and is respectful of, and
8 responsive to, individual patient preference, needs, and values.
- 9 SECTION 2. Chapter 118H of the general laws as inserted by chapter 58 of the acts of 2006, is
10 hereby further amended by adding after section 6, the following new section: -
11 Section 7. Commonwealth Care Medical Home Demonstration Program
12 The board is hereby authorized to establish a commonwealth care medical home
13 demonstration program for the purpose of redesigning the health care delivery system to provide

14 targeted, accessible, continuous, and coordinated, family-centered care to high need populations
15 including, but not limited to those with multiple chronic illnesses that require regular
16 monitoring, advising, or treatment.

17 Under the demonstration program, case management fees would be paid to personal
18 physicians and incentive payments would be paid to physicians participating in practices that
19 provide “medical home” services. Medical homes are physician practices in charge of targeting
20 eligible individuals for program participation. They are responsible for: (1) providing safe and
21 secure technology to promote patient access to personal health information; (2) developing a
22 health assessment tool for the targeted individuals; and (3) providing training for personnel
23 involved in the coordination of care.

24 The program shall operate for three years in urban, rural, and underserved areas in up to ten
25 communities and would include physician practices with fewer than three full-time equivalent
26 physicians, as well as larger practices, particularly in rural and underserved areas.

27 Personal physicians who provide first contact and continuous care for their patients must be
28 board certified. Such personal physicians must also have a staff and resources to manage the
29 comprehensive and coordinated care of each of their patients. Participating physicians may be
30 specialists or sub-specialists for patients requiring ongoing care for specific conditions, multiple
31 chronic conditions such as severe asthma, complex diabetes, cardiovascular disease, and
32 rheumatologic disorder, or for those with a prolonged illness.

33 Personal physicians must perform or provide for the performance of: (1) advocates for and
34 providing ongoing support, oversight, and guidance to implement a plan of care; that provides
35 an integrated, coherent, cross-discipline plan for ongoing medical care developed in partnership
36 with patients and including all other physicians furnishing care to the patient involved and other

37 appropriate medical personnel or agencies such as home health agencies; (2) uses evidence-
38 based medicine and clinical decision support tools to guide decision-making at the point-of-care
39 based on patient-specific factors; (3) uses health information technology that may include
40 remote monitoring and patient registries; and (4) encourages patients to engage in management
41 of their own health through education and support systems.

42 The board is hereby authorized to establish a system of supplemental payments for care
43 management to personal physicians through the establishment of a care management fee, and
44 shall establish within commonwealth care a care management fee code and a value for these
45 payments.

46 The board is hereby further authorized to establish a system of supplemental payment for a
47 medical home to physician group practices through the establishment of a medical home fee,
48 and shall establish within commonwealth care a medical home fee code and a value for these
49 payments

50 The board shall provide a yearly program evaluation and submit said report to the senate and
51 house chairs of the joint committee on health care financing and the chairs of the senate and
52 house committees on ways and means.

53 SECTION 2. This act shall take effect on July 1, 2008.